	*	JUDICIAI	L DISTRICT COUR
VERSUS	*	DOCKET NUMBE	ER:Div
	*	I	PARISH, LOUISIAN
		* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * *
<u>m r</u>	orma r aug	oeris Affidavit	
		e answered in full.	
Note: Questions 2 and 3 should no			
. Your Full Name:			
Social Security Number (Optional	1):	Date of Bir	th:
Age:			Sex:
2. Address:	4.11	(2)	
(Box Number or Street A (See Note above)	Address)	(City and State)	(Zip Code
. Telephone Number(s): (HOME) (See Not	te above)	(WORK)	
Are you a Student? YES are attending:	NO If	yes, please indicate the Enrollment	name of the school you
How many children do you support How many children live with you State the Name, Age and Relation NAME	nship to you	Do you have any othe of the children and depe	er dependents?endents:
What is your current Occupatio (If yes, please complete the follow	n?	Are you emp	oloyed? YES NO
Name of Employer:Address:			
(Street Address) Telephone Number:	(C ₁	ity and State)	(Zip Code) been employed?
(If you are not employed, please p Name of last employer:Address:		_	
Address:(Street Address) How long have you been unemplow What were your monthly wages?	byea?		(Zip Code)
Gross Income: (a) State your groweekly? Bi-Weekly?	oss earned ind	come from wages and h	ow you are paid: int/month \$
(b) Apart from income or support income do you receive on a month	listed in resp hly basis?	onse to question 8(b) be	elow, how much other
(c) Monthly Deductions: Federal 1	Income Tax:	\$ FICA: \$	\$
(d) Other deductions: (explain)			
TOTAL NET MONTHLY INC	OME: (Add	question 7 (a) + (b) les	ss (c)) \$

8(a). If you are married a	Mant ive with a spour	se, piease ans	C
Is your spouse employed?	what is the	ne occupation	of your spouse? ? Amount/month \$
Name of spouse's employed	y /B1- weekiy /	Ivionthly	? Amount/month \$
Address:	er:		
Address:(Street Addr	ess) (City and State	(7'- 0-1)
Telephone Number	(CSS)	Low long has	(Zip Code)
receptione realities.	I	now long has	spouse been employed?
8(h). Do you or your spo	use receive any of	the following	; income or support? YES
If ves. state the month	alv amount SSI	the following	Disability: \$
Worker's Comp. \$	Unem	nlovment Rei	Disability. \$
Food Stamps: \$	TANF: \$	ipioyment Bei	
Spousal Support: \$	Kinshin Car	e Subsidy Gran	Cliffd Support. \$
~pousur support. φ	rimship car	c Subsidy Grai	n. 5 Onler. 5
Pro Bono Project that re combined income from q poverty level, skip all par	ceives referrals fro uestions 7 and 8 th rts of question 9, an	om a legal ser nat is less that nd continue v	the Legal Service Corporation vices program and have a n or equal to 125% of the feder with question 10 on the next page.
9. Do you own or nave a	n interest in any of	t the followin	g? (Including community propert
A. HOUSE		ALUE OF INT	TEREST BALANCE OWEI
AUTOMOBILE	\$	*	\$
	\$		\$
TRUCK	\$		S
WATERCRAFT			\$
LIVESTOCK	\$		\$
MACHINERY	\$		<u> </u>
STOCK	\$		
BONDS	\$		
CERTIFICATES OF DEPC	SIT \$		
OTHER DAMAGE BY	00000000		
OTHER IMMOVABLE PR DO YOU HAVE A BANK	ACCOUNT(S)?	quity \$ YES NO	Debt \$ Amount in account(s): \$
DO YOU HAVE A BANKCHECKINGSA	ACCOUNT(S)? VINGS Name and	YES NO	Amount in account(s): \$
DO YOU HAVE A BANKCHECKING	ACCOUNT(S)? VINGS Name and SETS: \$	YES NO	Amount in account(s): \$
DO YOU HAVE A BANKCHECKING	ACCOUNT(S)? VINGS Name and SETS: \$ Expenses:	YES NO	Amount in account(s): \$ank:
DO YOU HAVE A BANK CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly F Rent: \$	ACCOUNT(S)? VINGS Name and SETS: \$ Expenses: Cable: \$	YES NO	Amount in account(s): \$ank:Car Note: \$
DO YOU HAVE A BANK CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly F Rent: \$ Lot Rent: \$	ACCOUNT(S)? VINGS Name and SETS: \$ Expenses: Cable: \$ Garbage: \$	YES NO Location of Ba	Amount in account(s): \$ank: Car Note: \$ Car Insurance: \$
DO YOU HAVE A BANK CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly F Rent: \$ Lot Rent: \$ House Note: \$	ACCOUNT(S)? VINGS Name and SETS: \$ Expenses: Cable: \$ Garbage: \$ Medical Insur	YES NO Location of Ba	Amount in account(s): \$ank: Car Note: \$ Car Insurance: \$ Transportation: \$
DO YOU HAVE A BANK CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly F Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$	ACCOUNT(S)? VINGS Name and SETS: \$ Expenses: Cable: \$ Garbage: \$ Medical Insur	YES NO Location of Ba rance: \$ enses: \$	Amount in account(s): \$ank: Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$
DO YOU HAVE A BANK CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly F Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$	ACCOUNT(S)? VINGS Name and SETS: \$ Expenses: Cable: \$ Garbage: \$ Medical Insur Medical Expenses:	YES NO Location of Ba rance: \$ enses: \$ ses: \$	Amount in account(s): \$ank: Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$ Barber/ Beauty: \$
DO YOU HAVE A BANK CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly F Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$	ACCOUNT(S)? VINGS Name and SETS: \$ Expenses: Cable: \$ Garbage: \$ Medical Insur Medical Expen Dental Expen Prescriptions:	YES NO Location of Ba rance: \$ enses: \$ ses: \$	Amount in account(s): \$ank: Car Note: \$ Car Insurance: \$ Transportation: \$ Food: \$ Barber/ Beauty: \$ Entertainment: \$
DO YOU HAVE A BANK CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly F Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$	CACCOUNT(S)? VINGS Name and SETS: \$ Capter Service Se	YES NO Location of Ba rance: \$ enses: \$ ses: \$	Amount in account(s): \$
DO YOU HAVE A BANK CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly F Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$	ACCOUNT(S)? VINGS Name and SETS: \$ Capenses: Cable: \$ Garbage: \$ Medical Insurance Dental Expenses: Life Insurance Daycare: \$	Tance: \$ enses: \$ eses: \$ eses: \$	Amount in account(s): \$
DO YOU HAVE A BANK CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly F Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$	CACCOUNT(S)? VINGS Name and SETS: \$ Cable: \$ Garbage: \$ Medical Insurance Dental Expen Prescriptions: Life Insurance Daycare: \$ Child Support	Tance: \$ enses: \$ eses: \$ eses: \$	Amount in account(s): \$
DO YOU HAVE A BANK CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly F Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$	CACCOUNT(S)? VINGS Name and SETS: \$ Cable: \$ Garbage: \$ Medical Insurance Dental Expen Prescriptions: Life Insurance Daycare: \$ Child Support	Tance: \$ enses: \$ eses: \$ eses: \$	Amount in account(s): \$
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DO YOU HAVE A BANK CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly F Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Total Amount of section in the section	ACCOUNT(S)? VINGS Name and SETS: \$ Caple: \$ Cable: \$ Garbage: \$ Medical Insurance Dental Expen Prescriptions: Life Insurance Daycare: \$ Child Supports:	Tance: \$ enses: \$ eses: \$ et: \$	Amount in account(s): \$ank:
DO YOU HAVE A BANK CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly F Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Total Amount of section in the section	ACCOUNT(S)? VINGS Name and SETS: \$ Caple: \$ Cable: \$ Garbage: \$ Medical Insurance Dental Expen Prescriptions: Life Insurance Daycare: \$ Child Supports:	YES NO Location of Ba rance: \$ enses: \$ ses: \$ t: \$ payment)	Amount in account(s): \$
DO YOU HAVE A BANK CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly F Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Total Amount of section in the section	ACCOUNT(S)? VINGS Name and SETS: \$ Caple: \$ Cable: \$ Garbage: \$ Medical Insurance Dental Expen Prescriptions: Life Insurance Daycare: \$ Child Supports:	YES NO Location of Ba rance: \$ enses: \$ eses: \$ t: \$ payment)	Amount in account(s): \$ank:
DO YOU HAVE A BANK CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly F Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Total Amount of section in the section	ACCOUNT(S)? VINGS Name and SETS: \$ Caple: \$ Cable: \$ Garbage: \$ Medical Insurance Dental Expen Prescriptions: Life Insurance Daycare: \$ Child Supports:	rance: \$ enses: \$ eses: \$ t: \$ payment)	Amount in account(s): \$ank:
DO YOU HAVE A BANK CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly F Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Total Amount of section in the section	ACCOUNT(S)? VINGS Name and SETS: \$ Caple: \$ Cable: \$ Garbage: \$ Medical Insurance Dental Expen Prescriptions: Life Insurance Daycare: \$ Child Supports:	YES NO Location of Ba rance: \$ enses: \$ ses: \$ t: \$ payment) \$ \$	Amount in account(s): \$ank:
DO YOU HAVE A BANK CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly F Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Total Amount of section in the content of the content	ACCOUNT(S)? VINGS Name and SETS: \$ Capenses: Cable: \$ Garbage: \$ Medical Insurance Dental Expen Prescriptions: Life Insurance Daycare: \$ Child Support: of card and monthly	rance: \$ enses: \$ eses: \$ t: \$ payment)	Amount in account(s): \$
DO YOU HAVE A BANK CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly F Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Total Amount of section in the content of the content	ACCOUNT(S)? VINGS Name and SETS: \$ Capenses: Cable: \$ Garbage: \$ Medical Insurance Dental Expen Prescriptions: Life Insurance Daycare: \$ Child Support: of card and monthly	YES NO Location of Ba rance: \$ enses: \$ ses: \$ t: \$ payment) \$ \$	Amount in account(s): \$ank:
DO YOU HAVE A BANK CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly E Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Total Amount of section in the control of the control	ACCOUNT(S)? VINGS Name and SETS: \$ Cable: \$ Garbage: \$ Medical Insur Medical Expen Prescriptions: Life Insurance Daycare: \$ Child Support: of card and monthly	rance: \$ enses: \$ esses: \$ t: \$ payment) \$ \$ \$ \$	Amount in account(s): \$
DO YOU HAVE A BANK CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly F Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Total Amount of section in the content of the content	ACCOUNT(S)? VINGS Name and SETS: \$ Cable: \$ Garbage: \$ Medical Insur Medical Expen Prescriptions: Life Insurance Daycare: \$ Child Support: of card and monthly	rance: \$ enses: \$ esses: \$ t: \$ payment) \$ \$ \$ \$	Amount in account(s): \$
DO YOU HAVE A BANK CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly F Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Total Amount of section is ii. Credit cards: (List type) Card Name Total Amount of section is iii. Financial Loans: (List	ACCOUNT(S)? VINGS Name and SETS: \$ Cable: \$ Garbage: \$ Medical Insur Medical Expen Prescriptions: Life Insurance Daycare: \$ Child Support: of card and monthly	rance: \$ enses: \$ esses: \$ t: \$ payment) \$ \$ \$ \$	Amount in account(s): \$
DO YOU HAVE A BANK CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly F Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Total Amount of section is ii. Credit cards: (List type) Card Name Total Amount of section is iii. Financial Loans: (List	ACCOUNT(S)? VINGS Name and SETS: \$ Cable: \$ Garbage: \$ Medical Insur Medical Expen Prescriptions: Life Insurance Daycare: \$ Child Support: of card and monthly	rance: \$ enses: \$ esses: \$ t: \$ payment) \$ \$ \$ \$	Amount in account(s): \$
DO YOU HAVE A BANK CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly F Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Total Amount of section is ii. Credit cards: (List type) Card Name Total Amount of section is iii. Financial Loans: (List	ACCOUNT(S)? VINGS Name and SETS: \$ Cable: \$ Garbage: \$ Medical Insur Medical Expen Prescriptions: Life Insurance Daycare: \$ Child Support: of card and monthly	rance: \$ enses: \$ esses: \$ t: \$ payment) \$ \$ \$ \$	Amount in account(s): \$
DO YOU HAVE A BANK CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly F Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Total Amount of section is ii. Credit cards: (List type) Card Name Total Amount of section is iii. Financial Loans: (List	ACCOUNT(S)? VINGS Name and SETS: \$ Cable: \$ Garbage: \$ Medical Insur Medical Expen Prescriptions: Life Insurance Daycare: \$ Child Support: of card and monthly	rance: \$ enses: \$ esses: \$ t: \$ payment) \$ \$ \$ \$	Amount in account(s): \$
CHECKING SA TOTAL VALUE OF ASS B. i. List your Monthly F Rent: \$ Lot Rent: \$ House Note: \$ House Insurance: \$ Gas: \$ Electricity: \$ Water: \$ Telephone: \$ Property Taxes: \$ Total Amount of section is card Name Total Amount of section is iii. Credit cards: (List type Card Name	ACCOUNT(S)? VINGS Name and SETS: \$ Cable: \$ Cable: \$ Garbage: \$ Medical Insur Medical Expen Prescriptions: Life Insurance Daycare: \$ Child Support: of card and monthly i: the financial instituti	rance: \$ enses: \$ esses: \$ t: \$ payment) \$ \$ \$ \$	Amount in account(s): \$

Revised October 2003

(a)	Does anyone regularly help you pay your expenses? If yes, state that person's name and relationship to you. Name: Relationship:
	Do you have any additional income or assets that are not shown above? YES NO If you answered yes to either (a) or (b), please explain:
11.	If you have an attorney, what arrangements have you made to pay your attorney's fee? What amount, if any, have you paid? (You are required to answer fully.)
12.	Has your attorney or the Notary Public told you that you may go to jail if you intentionally give a false answer to any of the above questions? YES NO
	MOVER'S AFFIDAVIT
	ATE OF LOUISIANA RISH OF
	BEFORE ME the undersigned authority personally came and appeared:
	who, after being duly sworn, deposed and said:
1	. He/She provided the information above; that the information is furnished to the court for the purpose of requesting permission to litigate the above captioned lawsuit without paying the costs in advance or as they accrue or furnishing security therefor.
2	. That the above information is a true and correct statement of his/her financial condition.
3	. That the pleading and all allegations of fact therein are true and correct; and that because of his/her poverty and want of means, he/she is unable to pay the costs of court in advance or as they accrue, nor is he/she able to provide security therefor.
4	. He/She has read and understands the privilege contained in the notice below.
	NOTICE
SHC	Although you may be granted the privilege of proceeding without prepayment of costs, DULD JUDGMENT BE RENDERED AGAINST YOU, YOUR STATUS AS A PER DOES NOT RELIEVE YOU OF THE OBLIGATION TO PAY THESE COSTS.
woul so th	The privilege to proceed <i>IN FORMA PAUPERIS</i> is restricted to litigants who are clearly led to do so, with due regard to the nature of the proceeding, the court costs which otherwise ld have to be paid, and the ability of the litigant to pay them or to furnish security therefor, at the indiscriminate filing of lawsuits may be discouraged, without depriving a litigant of benefit of proceeding <i>in forma pauperis</i> if he/she is entitled to do so.
	Mover's Signature
Loui	SWORN TO AND SUBSCRIBED BEFORE ME, a Notary Public in, siana, this day of, 20
	NOTARY PUBLIC

THIRD PARTY AFFIDAVIT

STATE OF LOUISIANA PARISH OF
BEFORE ME, personally came and appeared:
Signature of Witness
SWORN TO AND SUBSCRIBED BEFORE ME, a Notary Public in, Louisiana, thisday of, 20
NOTARY PUBLIC
LEGAL SERVICE PROGRAMS' DECLARATION I ATTEST that I am a duly authorized representative of a Legal Services Program funded by the Legal Service Corporation or a Pro Bono Project that receives referrals from one of these Legal Service Programs, and that
Legal Services Program or Pro Bono Project Representative
ORDER
Considering the foregoing Pleading and Affidavits: let prosecute or defend this litigation in accordance with Louisiana Code of Civil Procedure, Article 5181, et. seq., without paying the costs in advance or as they accrue or furnishing security therefor.
THUS, READ AND SIGNED, this day of, 20, in, Louisiana.
DISTRICT JUDGE